

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005736

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA FOREVER BACK COUNTRY HORSEMEN, INC.

Current Principal Place of Business:

5393 PONY PATH
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

5393 PONY PATH
BROOKSVILLE, FL 34602

New Mailing Address:

PO BOX 815
BROOKSVILLE, FL 34605

FEI Number: 35-2300092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, KATHRYN L
5393 PONY PATH
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PREVATT, TRUMAN W
Address: 5393 PONY PATH
City-St-Zip: BROOKSVILLE, FL 34602

Title: VP () Delete
Name: TOLBERT, THURMAN
Address: 10001 ROCK BAY ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: SEC () Delete
Name: BROWER, JUNE
Address: 7599 CR575
City-St-Zip: BUSHNELL, FL 33513

Title: TREA () Delete
Name: THOMPSON, KATHRYN L
Address: 5393 PONY PATH
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CULVER, RHONDA
Address: 2939 SOULT ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN L. THOMPSON

TRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date